

<i>SERFF Tracking Number:</i>	<i>GRTT-126835084</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United National Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>46916</i>
<i>Company Tracking Number:</i>	<i>UADH3-10(N)</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>UADH3-10(N)</i>		
<i>Project Name/Number:</i>	<i>Medicare Plan N Brochure/</i>		

## Filing at a Glance

Company: United National Life Insurance Company of America

Product Name: UADH3-10(N) SERFF Tr Num: GRTT-126835084 State: Arkansas

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 46916

Sub-TOI: MS09.000 Medicare Supplement Other 2010 Co Tr Num: UADH3-10(N) State Status: Filed-Closed

Filing Type: Advertisement

Author: Ann Ryan

Reviewer(s): Stephanie Fowler

Date Submitted: 09/28/2010

Disposition Date: 10/13/2010

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Medicare Plan N Brochure

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Not required to be filed in IL, our state of domicile

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/13/2010

Explanation for Other Group Market Type:

State Status Changed: 10/13/2010

Deemer Date:

Created By: Ann Ryan

Submitted By: Ann Ryan

Corresponding Filing Tracking Number:

Filing Description:

Re: Individual Medicare Supplement Insurance Advertising Brochure UADH3-10(N)

Dear Sir or Madam:

We are submitting the above referenced brochure for your review and approval. It will replace Brochure UADH3-10, which was previously approved by your Department on May 27, 2010.

<i>SERFF Tracking Number:</i>	<i>GRTT-126835084</i>	<i>State:</i>	<i>Arkansas</i>
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This brochure will be used to advertise our Medicare Supplement policy forms U1041A-AR, U1041D-AR, U1041F-AR and U1041G-AR, approved by your Department on March 11, 2010 and U1041N-AR, approved by your Department on August 26, 2010.

State specific policy forms numbers on the back page are shown as variable. The only change that can be made to this paragraph is the addition or deletion of another state's policy form numbers.

The brochure has been printed by our computer and laser printer. We reserve the right to change the font (typeset) when and if a new font becomes available.

We would appreciate any consideration you could extend toward the prompt approval of this submission. If I can be of further assistance in the approval process, please contact me directly or at our toll-free number shown below.

Sincerely,  
Joan Jannotta  
Product Manager  
Product Approval and Compliance (PAC)

## Company and Contact

### Filing Contact Information

Ann Ryan,	aryan@gtlic.com
1275 Milwaukee Ave.	847-904-5587 [Phone] 5587 [Ext]
Glenview, IL 60025	847-699-0093 [FAX]

### Filing Company Information

United National Life Insurance Company of America	CoCode: 92703	State of Domicile: Illinois
1275 Milwaukee Ave.	Group Code: 903	Company Type:
Glenview, IL 60025	Group Name:	State ID Number:
(847) 803-5252 ext. [Phone]	FEIN Number: 37-1095206	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00

*SERFF Tracking Number:*      *GRTT-126835084*                      *State:*                      *Arkansas*  
*Filing Company:*              *United National Life Insurance Company of*      *State Tracking Number:*      *46916*  
    *America*  
*Company Tracking Number:*      *UADH3-10(N)*  
*TOI:*                      *MS09 Medicare Supplement - Other 2010*              *Sub-TOI:*                      *MS09.000 Medicare Supplement Other 2010*  
*Product Name:*              *UADH3-10(N)*  
*Project Name/Number:*      *Medicare Plan N Brochure/*  
**Retaliatory?**              **No**  
**Fee Explanation:**              **IL, our state of domicile, does not require a filing fee for advertising.**  
**Per Company:**              **No**

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United National Life Insurance Company of America	\$25.00	09/28/2010	39955609
United National Life Insurance Company of America	\$25.00	10/13/2010	40689517

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	10/13/2010	10/13/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	10/13/2010	10/13/2010	Ann Ryan	10/13/2010	10/13/2010

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## Disposition

Disposition Date: 10/13/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Form</b>	Brochure	Filed	Yes

# Objection Letter

Stephanie Fowler

SERFF Tracking Number:	GRIT-126835084	State:	Arkansas
Filing Company:	United National Life Insurance Company of America	State Tracking Number:	46916
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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/13/2010
Submitted Date	10/13/2010

Dear Stephanie Fowler,

**Comments:**

This is in response to your letter of October 13, 2010.

### Response 1

Comments: We have submitted an additional filing fee of \$25.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We appreciate your assistance with this filing.

Sincerely,  
Ann Ryan



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Filing Company: United National Life Insurance Company of America State Tracking Number: 46916

Company Tracking Number: UADH3-10(N)

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: UADH3-10(N)

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed 10/13/2010	UADH3-10(N)	Advertising Brochure	Initial			UADH3-10(N).pdf



# Medicare Supplement



**United National Life**  
Insurance Company of America

UADH3-10(N)



You've worked hard to prepare your future, and with a Medicare Supplement insurance policy from United National Life, you can feel even more secure about the road ahead.

Your policy will work with the Federal Medicare program and help cover the out-of-pocket health expenses you must pay — providing you with more complete coverage and confidence in the years to come.

## Features

- **No Pre-Existing Limitations\***

Coverage is available immediately.

- **Automatic Adjustment of Benefits**

Your Medicare Supplement insurance policy will increase your covered deductibles and co-payment benefits whenever these Medicare deductibles and co-payment amounts are increased by Medicare. Your premiums may change as your benefits change.

- **Premiums**

Your premiums cannot be changed due to declining health.\*\* Your premium can only be changed if we change premiums for all policies like yours in the state. If your premium changes, we will notify you in advance.

- **30-Day Free Look**

If you are not completely satisfied with your Medicare Supplement policy, simply return your policy within 30 days after you receive it for a complete refund of all premiums paid.

- **Grace Period**

Your Medicare Supplement policy provides a 31-day grace period. Premium notices are mailed to you well in advance of due dates.

- **Renewability**

Medicare Supplement insurance is guaranteed renewable for life. This means that as long as premiums are paid on time, your policy can never be canceled.

## Select Your Policy

Select the Medicare Supplement insurance policy that best meets your individual needs.

PLAN A U1040A	PLAN D U1040D	PLAN F U1040F	PLAN G U1040G	PLAN N U1040N
Basic Benefits including 100% Part B coinsurance	Basic Benefits including 100% Part B coinsurance	Basic Benefits including 100% Part B coinsurance	Basic Benefits including 100% Part B coinsurance	Basic Benefits including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible		
		Part B Excess (100%)	Part B Excess (100%)	
	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

\*Pre-existing condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within a six (6) month period preceding the effective date of the coverage of the insured person or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a six (6) month period preceding the effective date of the coverage of the insured person.

\*\*Additionally, in [AR], your premium rates cannot be changed due to increasing age.

For state-specific policy form numbers, refer to the back cover of this brochure.

Basic benefit packages provides both inpatient care and medical care benefits with each plan option.

## PART A - INPATIENT CARE BENEFITS

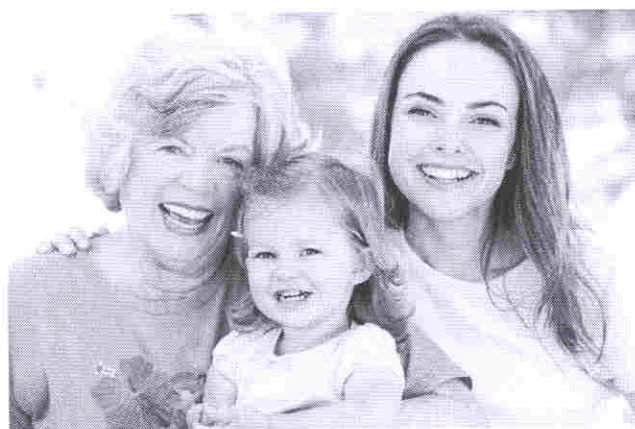
Your Medicare Supplement insurance policy will provide the following benefits for the expenses you incur due to an Injury or Sickness:

1. All co-payment expenses incurred after the Medicare Part A Deductible during a hospital stay covered by Medicare. This includes the Medicare lifetime reserve co-payment amount.
2. Upon exhaustion of Medicare benefits, including lifetime reserve days, we will pay 100% of the Medicare Eligible Expenses incurred due to inpatient hospital care. This benefit starts on the day following the last day of coverage by Medicare. These expenses must be of the type Medicare would have covered if Medicare benefits were not exhausted. This benefit is subject to a lifetime maximum benefit of an additional 365 days.
3. The expense incurred for the first three pints of blood furnished on an inpatient basis (or the equivalent in packed red blood cells) which have not been replaced.
4. Coverage of the cost sharing for all Medicare Part A Eligible Hospice and Respite care expenses.

## PART B - INPATIENT CARE BENEFITS

Your Medicare Supplement insurance policy will provide the following benefits for the expenses you incur due to an Injury or Sickness:

1. The Medicare Part B co-payment amount of the Medicare Eligible Expenses incurred, which exceed the Medicare Part B Annual Deductible.
2. The co-payment for each Hospital Outpatient service and supply.
3. The Actual Charge for the first three pints of blood furnished on an outpatient basis (or the equivalent in packed red blood cells) which have not been replaced.



## Policy Details

U1040A Basic Benefit Package

U1040D Basic Benefit Package; coverage for the Medicare Part A Deductible, as determined by Medicare; Skilled Nursing co-payment expense incurred while Medicare is paying Skilled Nursing Home benefits; and covered expenses for Emergency Medical Care Outside the U.S., not covered by Medicare.

U1040F Basic Benefit Package; coverage for the Medicare Part A Deductible, as determined by Medicare; Medicare Part B Annual Deductible, as determined by Medicare; Skilled Nursing co-payment expense incurred while Medicare is paying Skilled Nursing Home benefits; 100% of the Excess Charge you incurred for health care services and supplies of the type covered under Part B of Medicare, which exceeds the Medicare Eligible Expenses; and covered expenses for Emergency Medical Care Outside the U.S., not covered by Medicare.

U1040G Basic Benefit Package; coverage for the Medicare Part A Deductible, as determined by Medicare; Skilled Nursing co-payment expense incurred while Medicare is paying Skilled Nursing Home benefits; covered expenses for Emergency Medical Care Outside the U.S., not covered by Medicare; and 100% of the Excess Charge you incurred for health care services and supplies of the type covered under Part B of Medicare, which exceeds the Medicare Eligible Expenses.

U1040N Basic Benefit Package (except provider office visits are subject to a co-payment of up to \$20 per visit and emergency room visits are subject to a co-payment of up to \$50 per visit); coverage of the Medicare Part A Deductible, as determined by Medicare; Skilled Nursing co-payment expense incurred while Medicare is paying Skilled Nursing Home benefits; and covered expenses for Emergency Medical Care Outside the U. S. not covered by Medicare.

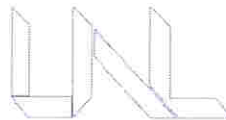


## EXCLUSIONS

Unless specifically stated otherwise, this policy does not cover or consider for payment any service or supply, or any portion of a service or supply that is not a Medicare Eligible Expense, nor will this policy duplicate any benefit paid by Medicare. This policy has exclusions. For costs and complete details of the coverage, call your insurance agent or the company.

**This is a solicitation of insurance. An agent may be in contact with you. United National Life Insurance Company of America and its representatives are independent and are not connected to or endorsed by Medicare, the Social Security Administration, or any other state or federal government agency.**

Specific state policy form numbers are: [Arkansas - U1041A-AR, U1041D-AR, U1041F-AR and U1041G-AR. Illinois - U1040A-IL, U1040D-IL, U1040F-IL and U1040G-IL. Kansas - U1040A-KS, U1040D-KS, U1040F-KS and U1040G-KS. North Dakota - U1040A-ND, U1040D-ND, U1040F-ND and U1040G-ND. Oklahoma - U1040A-OK, U1040D-OK, U1040F-OK and U1040G-OK. Tennessee - U1040A-TN, U1040D-TN, U1040F-TN and U1040G-TN. West Virginia - U1040A-WV, U1040D-WV, U1040F-WV and U1040G-WV.]



United National Life Insurance Company of America  
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